Specific Goods and/or Services

OR 🗆

DOCUMENTATION OF DISABLED VETERAN BUSINESS ENTERPRISE PROGRAM REQUIREMENTS

STD 840 (REV. 4-1-2003)

				ich you choose to comply,	
tructions carefully p	orior to completing the	ich the required supporting his form. Remember that ed to satisfy these prograr	only California certified	d DVBEs who can provide	
7	ommit to meeting t	he full DVBE contract pa	•	•	
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Full information	n must be provide	ed.			
For contract part	icipation commitm	nent, at least one DVBE n	nust be listed. DVBEs	must perform a commercia	ally
				age value(s) that the DVBE	
				e contractor = 1, subcontra are listed, the higher value	
		to list all other DVBE sub			7
				de in accordance with the	
		lations, Title 2, Section 18			
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No, I am unable to subcontract with the DVBE for the following business reasons:

Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:

Estimated \$ and/or %

Tier

%

ADDITIONAL DISABLED VETERAN BUSINESS ENTERPRISE CONTACTS

STD 840A (EST. 4-1-2003)

Date Contacted DVBE Comp	as a continuation from Sec any Name	:11011 A, 510 640 (RE	v. 4-1-2003)
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DVBE Contact Name	Telephone Number	Fax Number	E-mail (if available)
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OVBE Contact Name	Telephone Number	Fax Number	E-mail (if available)
Street Address, City, State and Zi	p Code		
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OR No, I am unable to	subcontract with the DVBE fo	r the following busines	ss reasons:
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DVBE Contact Name	Telephone Number	Fax Number	E-mail (if available)
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Specific Goods and/or Serv	ices		Estimated \$ and/or % Tier \$ / %
OR <i>No, I am unable to</i> s	subcontract with the DVBE fo	r the following busines	s reasons:
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treet Address, City, State and Zip	Code	1.	· · · · · · · · · · · · · · · · · · ·
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STD 840A (EST. 4-1-2003) (REVERSE)

ADDITIONAL DISABLED VETERAN BUSINESS ENTERPRISE CONTACTS

Date Contacted **DVBE Company Name** DVBE Contact Name Telephone Number Fax Number E-mail (if available) Street Address, City, State and Zip Code Yes, I will subcontract with the listed DVBE to provide the following goods and/or services: Specific Goods and/or Services Estimated \$ and/or % Tier % OR **No**, I am unable to subcontract with the DVBE for the following business reasons: Date Contacted **DVBE Company Name** DVBE Contact Name Telephone Number Fax Number E-mail (if available) Street Address, City, State and Zip Code Yes, I will subcontract with the listed DVBE to provide the following goods and/or services: Specific Goods and/or Services Estimated \$ and/or % Tier % **No**. I am unable to subcontract with the DVBE for the following business reasons: ORI Date Contacted **DVBE Company Name** DVBE Contact Name Telephone Number Fax Number E-mail (if available) Street Address, City, State and Zip Code Yes, I will subcontract with the listed DVBE to provide the following goods and/or services: Specific Goods and/or Services Estimated \$ and/or % Tier OR No, I am unable to subcontract with the DVBE for the following business reasons: Date Contacted **DVBE Company Name** DVBE Contact Name Telephone Number Fax Number E-mail (if available) Street Address, City, State and Zip Code Yes, I will subcontract with the listed DVBE to provide the following goods and/or services: Specific Goods and/or Services Estimated \$ and/or % Tier OR **No**, I am unable to subcontract with the DVBE for the following business reasons: